

FEC  
FORM 1

STATEMENT OF  
ORGANIZATION

RECEIVED  
2014 FEB 26 AM 11:43  
Office Use Only  
FEC MAIL CENTER

1. NAME OF  
COMMITTEE (in full)

(Check if name  
is changed)

Example: If typing, type  
over the lines.

12FE4M5

COAKLEY FOR CONGRESS ELECTION COMMITTEE

ADDRESS (number and street)

(Check if address  
is changed)

5806 HIGHLAND SHOPPES DRIVE

SUITE A-2-129

CHARLOTTE

CITY

NC

STATE

28269

ZIP CODE

COMMITTEE'S E-MAIL ADDRESS

(Check if address  
is changed)

committee@coakleyforcongress.com

Optional Second E-Mail Address

COMMITTEE'S WEB PAGE ADDRESS (URL)

(Check if address  
is changed)

www.coakleyforcongress.com

2. DATE

M M / D D / Y Y Y Y

3. FEC IDENTIFICATION NUMBER

C

4. IS THIS STATEMENT

X

NEW (N)

OR

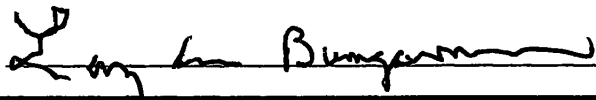
AMENDED (A)

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Larry G. Bumgarner

Signature of Treasurer



Date

02 / 24 / 2014

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g.

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

Office  
Use  
Only

For further information contact:  
Federal Election Commission  
Toll Free 800-424-9530  
Local 202-694-1100

FEC FORM 1  
(Revised 06/2012)

140311191172

## 5. TYPE OF COMMITTEE

**Candidate Committee:**

- (a) ☒ This committee is a principal campaign committee. (Complete the candidate information below.)
- (b) ☐ This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)

Name of Candidate

VINCE COAKLEY

Candidate Party Affiliation

REP

Office Sought:

☒ House

Senate

President

State

NC

District

12

- (c) ☐ This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate

**Party Committee:**

- (d) ☐ This committee is a \_\_\_\_\_ (National, State or subordinate) committee of the \_\_\_\_\_ (Democratic, Republican, etc.) Party.

**Political Action Committee (PAC):**

- (e) ☐ This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is a:

Corporation

Corporation w/o Capital Stock

Labor Organization

Membership Organization

Trade Association

Cooperative

In addition, this committee is a Lobbyist/Registrant PAC.

- (f) ☐ This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee. (i.e., nonconnected committee)

In addition, this committee is a Lobbyist/Registrant PAC.

In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)

**Joint Fundraising Representative:**

- (g) ☐ This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, at least one of which is an authorized committee of a federal candidate.
- (h) ☐ This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate.

**Committees Participating in Joint Fundraiser**

1. \_\_\_\_\_ FEC ID number C
2. \_\_\_\_\_ FEC ID number C
3. \_\_\_\_\_ FEC ID number C
4. \_\_\_\_\_ FEC ID number C

11  
12  
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Write or Type Committee Name

## 6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor

Mailing Address

CITY

STATE

ZIP CODE

Relationship: Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Sponsor

## 7. Custodian of Records: Identify by name, address (phone number – optional) and position of the person in possession of committee books and records.

Full Name

Mailing Address

Title or Position

CITY

STATE

ZIP CODE

RECORD CUSTODIAN

Telephone number 704-654-1829

## 8. Treasurer: List the name and address (phone number – optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name  
of Treasurer

Mailing Address

Title or Position

TREASURER

Telephone number 704-573-3363

CITY

STATE

ZIP CODE

Full Name of  
Designated  
Agent

CRYSTAL ~~BELL~~ LEANNE BELL

Mailing Address

CITY

STATE

ZIP CODE

Title or Position

ASST. TREASURER

Telephone number

704-770-6710

9. **Banks or Other Depositories:** List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

Mailing Address

CITY

STATE

ZIP CODE

Name of Bank, Depository, etc.

BANK OF AMERICA

Mailing Address

8625 ARBOR CREEK DRIVE

CHARLOTTE

NC

28269

CITY

STATE

ZIP CODE

14031191175

171604 REV. 2/10-LPS

Will To Open

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FEB 25, 14  
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PAYMENT BY ACCOUNT (if applicable)	
USPS® Corporate Acct. No.	Federal Agency Acct. No. or Postal Service™ Acct. No.
<b>DELIVERY OPTIONS (Customer Use Only)</b>	
<input checked="" type="checkbox"/> <b>SIGNATURE REQUIRED</b> <small>Note: The mailer must check the "Signature Required" box if the mailer: 1) Requires the addressee's signature; OR 2) Purchases additional insurance; OR 3) Purchases COD service; OR 4) Purchases Return Receipt service. If the box is not checked, the Postal Service will leave the item in the addressee's mail receptacle or other secure location without attempting to obtain the addressee's signature on delivery.</small>	
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PO ZIP Code	Scheduled Delivery Date (MM/DD/YY)	Postage	
28226	2-26-14	\$ 19.99	
Date Accepted (MM/DD/YY)	Scheduled Delivery Time	Insurance Fee	COD Fee
2-25-14	12:00	\$	\$
Time Accepted	<input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	Return Receipt Fee	
4:52		\$	
Weight	<input type="checkbox"/> Flat Rate <input checked="" type="checkbox"/> Live Shipment	Total Postage & Fees	
2.80 lbs.		\$ 19.99	
	<input type="checkbox"/> Sunday/Holiday Premium	Acceptance Employee Initials	
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	<input type="checkbox"/> AM <input checked="" type="checkbox"/> PM		
Delivery Attempt (MM/DD/YY)	Time	Employee Signature	
	<input type="checkbox"/> AM <input checked="" type="checkbox"/> PM		

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LABEL 11-B, JULY 2013

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976, or 2976A).

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<input checked="" type="checkbox"/> USPS Priority Mail Express	Postmarked <b>2/25/14</b>
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
	Next Business Day Delivery <input type="checkbox"/>
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
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<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked
 PREPARER	<b>2/26/14</b> DATE PREPARED

(8/2013)

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